

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/018708**  
FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		2		2		2
4		2		2		2
5		1		1		1
6		1		1		1
7		1		1		1
8		2		1		1
9		2		1		1
10		2		2		2
11		2		2		2
12		1		2		1
13		1		2		1
14		1		1		1
15		1		1		1
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29		2		2		1
30	1		1		1	
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35	1		1		1	
36	1		1		1	
37	1		1		1	
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						
48						
49						
50						
TOTAL IND.	↓		6	↓	6	↓
TOTAL DEP.		↓	51	↓	49	↓
TOTAL CLAIMS			57		55	

  

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100								
TOTAL IND.	↓		↓		↓		↓	
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3331

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